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☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

No	
	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
der nenalty of neriury. I declare that I	nave read the summary and schedules filed with this declaration and
der penalty of perjury, I declare that I it they are true and correct.	nave read the summary and schedules filed with this declaration and
	nave read the summary and schedules filed with this declaration and
	nave read the summary and schedules filed with this declaration and

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy CourtDistrict of New Jersey

In re	Anthony W. Salvatico, Jr.		Case No 15- 2	28052	
	<u> </u>	Debtor			
			Chapter	13	

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	170,000.00		
B - Personal Property	Yes	3	19,640.93		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		399,170.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6		49,776.51	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			2,618.70
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,143.00
Total Number of Sheets of ALL Schedu	ıles	19			
	To	otal Assets	189,640.93		
			Total Liabilities	448,946.51	

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court District of New Jersey

In re	Anthony W. Salvatico, Jr.	Case No.	15-28052	
-	Debtor	,		
		Chapter	13	3

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	2,618.70
Average Expenses (from Schedule J, Line 22)	2,143.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	6,534.80

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		217,445.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		49,776.51
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		267,221.51

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							•				
	in this information to										
Dei	otor 1	Anthony W.	Salvatico, Jr.			_					
	otor 2 ouse, if filing)					_					
Uni	ted States Bankrupt	cy Court for the	: DISTRICT OF NEW J	ERSEY							
Cas	se number 15-2	28052					Check	if this is:			
(If kr	nown)			-			■ An	amende	d filing		
										g post-petition	
_	fficial Form						M	M / DD/ Y	YYY		
S	chedule I: \	Your Inc	ome								12/1
spo atta	use. If you are sepa ch a separate shee	arated and you	are married and not filing wing the top of any addition the top of any addition	ith you, do not includ	le inforr	natio	on about	your spo	use. If mo	ore space is	needed,
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more the		Franksin satura	■ Employed				☐ Emplo	yed		
	attach a separate prinformation about a employers.		Employment status	☐ Not employed				☐ Not er	mployed		
	. ,		Occupation								
	Include part-time, self-employed wor		Employer's name								
	Occupation may in or homemaker, if it		Employer's address								
			How long employed t	here?				_			
Par	t 2: Give Deta	ails About Mor	nthly Income								
spou	use unless you are s	eparated.	ate you file this form. If	- -						-	
	e space, attach a se										,
							For Debt	tor 1		btor 2 or ng spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$		0.00	\$	N/A	-
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-
1	Calculate gross le	ncomo Add lir	no 2 i lino 2		1	Φ.		0.00	•	NI/A	

Debt	tor 1	Anthony W. Salvatico, Jr.	-	C	Case	number (<i>if known</i>)	_1	5-28052		
						Debtor 1		For Debt	or 2 or g spouse	
	Cop	by line 4 here	4.		\$	0.00	_ ;	\$	N/A	<u> </u>
5.	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$	0.00	, .	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$	0.00	,	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	50) .	\$	0.00	_ :	\$	N/A	<u> </u>
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00	_ :	\$	N/A	<u> </u>
	5e.	Insurance	56		\$	0.00	_	\$	N/A	
	5f.	Domestic support obligations	5f		\$_	0.00	_	\$	N/A	_
	5g.	Union dues	50		\$	0.00	_	\$	N/A	_
	5h.	Other deductions. Specify:	_ 5r	1.+	\$	0.00	- + ; -	\$	N/A	<u> </u>
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	_ ;	\$	N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	- :	\$	N/A	<u> </u>
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•			•		
		monthly net income.	88		\$_	0.00	_	\$	N/A	_
	8b.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b).	\$	0.00	_ ;	\$	N/A	<u>.</u>
	8c. 8d.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c 8c	d.	\$_ \$_	0.00 2,618.70	_ :	\$	N/A N/A	<u> </u>
	8e.	Social Security	86	€.	\$	0.00	_	\$	N/A	<u>\</u>
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f 8g		\$_ *	0.00 0.00	_	\$ 	N/A N/A	_
	8h.	Other monthly income. Specify:			<u>\$</u> —	0.00			N/A	_
	011.				<u> </u>	0.00	- ' '		13/7	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		2,618.70		\$	N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,618.70 +	<u> </u>	N/	A = \$	2,618.70
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-		2,010.70			<u>~</u>	2,010.10
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe			•		in Sched	Jule J. 1. +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies							2. \$	2,618.70
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combi month	ned ly income
		No.								

Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Anthony W.	Salvatico), Jr.		Ch	eck if this is:	_
Deh	otor 2						An amended filing) owing post-petition chapter
	ouse, if filing)							f the following date:
Unit	ted States Bank	cruptcy Court for the	DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
1	se number 1 nown)	5-28052					A separate filing f 2 maintains a sep	or Debtor 2 because Debtor arate household
O:	fficial Fo	orm B 6J						
		J: Your	Exper	ises				12/1:
Be info	as complete ormation. If n	and accurate as	possible eded, atta	If two married people ar ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a joi							
	■ No. Go t □ Yes. Do	o line 2. es Debtor 2 live i	in a separ	ate household?				
			st file a sep	parate Schedule J.				
2.	Do you hav	ve dependents?	□ No					
	Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state dependents				Daughter		16y	□ No ■ Yes □ No □ Yes
								□ No □ Yes □ No □ Yes
3.	expenses of	penses include of people other the nd your depende	han $_{m \Box}$	No Yes				
Est	imate your e	a date after the I	our bankr	uptcy filing date unless y				napter 13 case to report of the form and fill in the
the		ch assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Your ex	penses
4.		or home owners and any rent for the		ses for your residence. In	nclude first mortgage	4.	\$	0.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.	·	0.00
		e maintenance, re				4c.	\$	50.00
	4d. Home	eowner's associat	ion or con	dominium dues		4d.	·	0.00
5.	Additional	mortgage payme	ents for vo	our residence, such as ho	me equity loans	5.	\$	0.00

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Debtor 1 Antl	hony W. Salvatico, Jr.	Case num	ber (if known)	15-28052
6. Utilities:				
	tricity, heat, natural gas	6a.	\$	160.00
	er, sewer, garbage collection	6b.	\$	53.00
	phone, cell phone, Internet, satellite, and cable services	6c.		465.00
	er. Specify: Gas	6d.	·	160.00
	housekeeping supplies	7.		300.00
	and children's education costs	8.	\$	0.00
	laundry, and dry cleaning	9.	\$	
-	care products and services	10.	\$	100.00 50.00
	nd dental expenses	11.	\$	
	ation. Include gas, maintenance, bus or train fare.	11.	Ψ	300.00
	ude car payments.	12.	\$	125.00
	nent, clubs, recreation, newspapers, magazines, and books	13.	\$	230.00
	contributions and religious donations	14.		0.00
15. Insurance.	-		*	3.00
	ude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life i	, , ,	15a.	\$	0.00
15b. Heal	Ith insurance	15b.	\$	0.00
15c. Vehi	icle insurance	15c.	\$	150.00
15d. Othe	er insurance. Specify:	15d.	\$	0.00
16. Taxes. Do	not include taxes deducted from your pay or included in lines 4 or 20).		
Specify:		16.	\$	0.00
	nt or lease payments:			
	payments for Vehicle 1	17a.	*	0.00
	payments for Vehicle 2	17b.		0.00
17c. Othe		17c.	·	0.00
17d. Othe	er. Specify:	17d.	\$	0.00
	nents of alimony, maintenance, and support that you did not rep		•	0.00
	from your pay on line 5, Schedule I, Your Income (Official Form	6I). 18.		0.00
	ments you make to support others who do not live with you.	_	\$	0.00
Specify:	and the second s	19.		
	property expenses not included in lines 4 or 5 of this form or or			0.00
	gages on other property	20a.		0.00
	l estate taxes	20b.		0.00
	perty, homeowner's, or renter's insurance	20c.		0.00
	ntenance, repair, and upkeep expenses	20d.		0.00
	neowner's association or condominium dues	20e.	·	0.00
21. Other: Spe	ecity:	21.	+\$	0.00
22. Your mont	thly expenses. Add lines 4 through 21.	22.	\$	2,143.00
	is your monthly expenses.	 .	* 	2,173.00
	your monthly net income.		<u> </u>	
	y line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,618.70
	y your monthly expenses from line 22 above.	23b.		2,143.00
	, , , . ,	_3~.		2,170,00
23c. Subt	tract your monthly expenses from your monthly income.			
	result is your monthly net income.	23c.	\$	475.70
For example modification No.	pect an increase or decrease in your expenses within the year as, do you expect to finish paying for your car loan within the year or do you expet to the terms of your mortgage?			ease or decrease because of a
☐ Yes.				·
Explain:				